

March 4, 2008

Schneider
Medicaid

Henry A. Waxman, Chairman
Congress of the United States
House of Representatives
Committee on Oversight and Government Reform
2157 Rayburn House Office Building
Washington, DC 20515-6143

Dear Mr. Chairman:

Thank you for the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) proposed rules. The Nebraska Department of Health and Human Services has prepared the following state-specific analysis of each of the six proposed rules outlined in your letter dated January 16, 2008. The analysis prepared by the Department estimates the financial impact on the State of Nebraska and, where applicable, the impact on Medicaid applicants and beneficiaries.

Medicaid provides health care for more than one in every 10 Nebraskans. State and federal expenditures for the Medicaid program in FY2007 were \$1.4 billion. The average monthly number of eligibles in 2007 was 201,009.

The proposed cuts to Medicaid reimbursement in Nebraska equals \$42.2 million dollars in federal dollars annually and \$210.8 million over five years.

Cost Limits For Public Providers (CMS 2258-FC)

There is no anticipated fiscal impact to Nebraska as a result of this proposed rule. Any entity involved in the financing of the non-federal share of Nebraska Medicaid payments has generally applicable taxing authority or is a provider operated by a unit of government.

Nebraska Medicaid reimbursement for health care providers, both private and those operated by units of government, meet the requirements of the upper payment limit as defined in CFR 447.272 and CFR 447.304.

It is unclear whether CMS intends to impose a cost-based limitation on institutional reimbursement and to deny states the flexibility to pay, for example, under a prospective payment system.

Payment for Graduate Medical Education (CMS 2279-P)

The fiscal impact to Nebraska of eliminating federal funding for graduate medical education is estimated to be a loss of \$10.6 annually and \$53 million dollars over five years. This would be a significant loss of funding for the two facilities which receive the

majority of the payments for the cost of graduate medical education. These facilities serve as major referral centers to the citizens of Nebraska as well as out-of-state citizens. The Nebraska Medical Center is home to one of the most reputable and well-known organ transplant programs in the country. Creighton University Medical Center offers advanced levels of care in many medical specialties, including cardiac care and oncology. Located in Omaha, the largest city in Nebraska, both facilities provide services to a disproportionate share of Medicaid and uninsured persons. It is impossible to quantify the number of Medicaid beneficiaries that would be impacted by this proposed elimination of funding.

Payment for Hospital Outpatient Services (CMS 2213-P)

The proposed rule would limit the scope of the definition of hospital outpatient services by aligning it with the Medicare program, resulting in a number of services provided in hospital outpatient departments being paid at lower, non-facility Medicaid rates. There is no available data to anticipate the fiscal impact to Nebraska as a result of narrowing the definition of outpatient hospital services.

With respect to the upper payment limit requirements in the proposed rule, there is no anticipated fiscal impact. Nebraska has approximately 65 Critical Access Hospitals. These hospitals are reimbursed at cost for the provision of outpatient services. The remaining 20+ hospitals are reimbursed 82.45% of cost. No GME or supplemental payments are made for outpatient hospital services.

Provider Taxes (CMS 2275-P)

The only health care related tax in Nebraska is assessed on intermediate care facilities for the mentally retarded (ICF-MRs.) The Nebraska Statute Section 68-1803 previously required each intermediate care facility for the mentally retarded (ICF-MR) to pay a tax equal to six percent (6%) of its net revenue each fiscal year. In 2007, Nebraska amended the tax rate on ICF-MRs to 5.5 percent to comply with the Tax Relief and Health Care Act of 2006. There will be no fiscal impact as a result of the proposed rule since Nebraska is already in compliance with the reduction to 5.5%

Coverage of Rehabilitative Services (CMS-2261-P)

The proposed rule defines when a service can be considered rehabilitative under Medicaid.

If the intent of the proposed rule is to reduce federal spending on rehab option services, this will result in a direct cut in services for Nebraska Medicaid beneficiaries with mental illness. The Rehabilitation Services Option, such as Assertive Community Treatment (ACT) and other important evidence-based services including Community Support Services, is an important funding source of services for people with mental illness. Although not specifically described in this regulation, the language used supports recent efforts by CMS to require providers to account and bill for services through 15-minute increments and the denial of payment through daily rates, case rates and similar arrangements. This new shift in rate setting methodology is inconsistent with evidence-based mental health practices that are based on delivering services together in a flexible and coordinated way.

We are also concerned that the introduction of the "intrinsic element" standard in the proposed rule will prohibit federal support for life skills services that enable an individual to secure and retain employment which is a vital part of recovery from mental illness for

many individuals. Community support provides client advocacy, ensures continuity of care, supports clients in time of crisis, provides/procures skill training, ensures the acquisition of necessary resources and assists the client in achieving community/social integration. The Community Support Program provides a clear locus of accountability for meeting the client's needs within the resources available in the community. The role(s) of the community support provider may vary based on the client's needs. Community support is generally provided in the client's place of residence or related community locations.

The anticipated loss in funding for Community Support Services in Nebraska would be \$2.6 million dollars in federal funding annually and \$13 million dollars over five years. In addition, loss of funding for ACT services would equal \$1.26 annually and \$6.3 over five years. The impact to Medicaid beneficiaries would be a loss of services for 191 persons participating in ACT services, and 2,045 persons receiving Community Support Services.

2.6	13.0
+ 1.3	6.3
3.9	19.3

Payments for Costs of School Administrative and Transportation Services (CMS 2287-P)

This proposed rule would eliminate federal reimbursement under the Medicaid Program for the costs of school staff that perform a set of administrative activities, such as Medicaid outreach, referral to and monitoring of medical services. Federal Medicaid reimbursement for administrative services is critically important for ensuring that schools are able to provide the appropriate outreach activities to link children to medical services, identify those students who may need medical screening and provide referral services in the community.

Implementation of the proposed rule will place a significant financial burden on local school districts to either identify funds to preserve existing programs currently funded with Medicaid reimbursement dollars or to eliminate those programs altogether. The annual loss of federal funds as a result of this proposed rule would be \$27.7 million dollars and over five years would be \$138.5 million dollars. In Nebraska, there are 290,540 children enrolled in the public school system. Many of them would be impacted by the elimination of funding for the costs of school administration activities.

Nebraska Medicaid does not reimburse for transportation expenses through this funding mechanism so there would be no impact to Nebraska.

These proposed policy changes will result in cuts to Nebraska Medicaid programs, cuts in payments to providers, and reduced access to needed services for vulnerable people served by the Medicaid program.

Sincerely,



Vivianne M. Chaumont, Director
Division of Medicaid & Long-Term Care
Department of Health and Human Services

Enclosure

Nebraska Certified Public Expenditures
FFY 2008

CPE	Service	Certifying Entity	Category	Taxing Authority	Non-federal Match
NF	nursing facility	Litzenberg Memorial Comm Hosp	county facility	county	county funding
		Miller Memorial Care Center	county facility	county	county funding
		Elwood Care Center	city facility	city	city funding
		A. J. Merrick Manor	county facility	county	county funding
		Harvard Rest Haven	city facility	city	city funding
		Imperial Manor Nursing Home	city facility	city	city funding
		Lancaster Manor	county facility	county	county funding
		Douglas County Hospital	county facility	county	county funding
		Valley County Hospital LTC	county facility	county	county funding
		Garden County Hosp & Nursing Home	county facility	county	county funding
TCM (ENOA)	targeted case mgmt	Eastern Nebraska Office on Aging (Douglas and Sarpy Counties)	multi-county entity	county	county contributions
Dental	dental	University of Nebraska Medical Center	state facility	state	state appropriation
PHN	SPMP admin/ routine admin	Central District Health Dept.	multi-county entity	state	state grant
		East Central District Health Dept.	multi-county entity	state	state grant
		Elkhorn Logan Valley Public Health	multi-county entity	state	state grant
		Four Corners Health Dept.	multi-county entity	state	state grant
		Lincoln/ Lancaster Health Dept.	city-county entity	state, city & county	state grant
					city & county funding
		Loup Basin Public Health Dept.	multi-county entity	state	state grant
		North Central District health Dept.	multi-county entity	state	state grant
		Northeast NE Public Health Dept.	multi-county entity	state	state grant

CPE	Service	Certifying Entity	Category	Taxing Authority	Appropriation
		Panhandle Public Health Dept.	multi-county entity	state	state grant
		South Heartland District Health	multi-county entity	state	state grant
		Southeast District Health Dept.	multi-county entity	state	state grant
		Southwest NE Public Health Dept.	multi-county entity	state	state grant
		Three Rivers Public Health Dept.	multi-county entity	state	state grant
		Two Rivers Public Health Dept.	multi-county entity	state	state grant
		West Central District Health Dept.	multi-county entity	state	state grant
Tribal	routine admin	Winnebago Tribe	Indian tribe	tribe	tribal funding
County	routine admin	counties with HHSS offices	county	county	county funding
Schools	routine admin	detailed separately			
MIPS	therapy services	detailed separately			

NF: Facility cost reports are desk audited by Medicaid agency staff. Auditors determine eligible facilities (public facilities, allowable costs in excess of reimbursement plan maximums, and 40% or more Medicaid bed days), compute the amount the facilities have been underpaid, and pass through the federal fund match. Facilities certify expenditures and provide the non-federal match.

TCM (ENOA): Eastern Nebraska Office on Aging submits a case list along with a quarterly billing. HHSS staff conduct a random sample of cases to verify Medicaid eligibility, Personal Assistance Service activity, and county of residence. Medicaid agency passes through federal fund match to ENOA which certifies expenditures and provides the non-federal match.

Dental: The Dental College of the University of Nebraska Medical Center bills the Medicaid agency for treatment of Medicaid clients. The Medicaid agency reimburses UNMC based on a rate adjusted to equal the reimbursement rate paid UNMC by non-government insurance plans. UNMC then returns the non-federal share to the Medicaid agency.

PHN: Local entities submit quarterly billings which detail nursing salary/ benefit expenditures qualified for the enhanced SPMP match and other expenses (support staff salaries, benefits, operating costs) qualified for the routine administrative match. The Medicaid agency passes through the federal fund match to local entities that certify expenditures and provide the non-federal match.

Tribal: The Winnebago Tribe submits a quarterly billing identifying Medicaid-claimable expenditures supported through time study records to the Medicaid agency. The Medicaid agency passes through the federal fund match to the Tribe that certifies the expenditures and provides the non-federal match.

County: For counties that house a state HHSS office, the State passes through the federal fund share of allowable expenses to operate the office. The portion of the expense attributable to Medicaid is determined using the approved cost allocation methodology. Counties certify the expenditures and provide the non-federal match.

Nebraska Medicaid DME/IME Payments

Data from Adjusted estimates

	FY2006 Actual	FY2006 Adjusted	FY2007 Actual	FY2007 Adjusted
Indirect Medical Education (IME)	\$ 8,522,807	\$ 8,522,807	\$ 10,628,155	\$ 10,628,155
Direct Medical Education (DME)	\$ 3,739,621	\$ 3,739,621	\$ 3,611,986	\$ 3,611,986
Managed Care - DME Payment	\$ 739,611	\$ 1,904,978	\$ 3,227,096	\$ 2,061,729
TOTAL	\$ 13,002,039	\$ 14,167,406	\$ 17,467,237	\$ 16,301,870
TOTAL DME		\$ 5,644,599		\$ 5,673,715

	FY2008 Est from Adjusted FY2007 base	State Share	Federal Share	FY2009 Est from Adjusted FY2007 base	State Share	Federal Share
Indirect Medical Education (IME)	11,030,441.25	4,632,785.33	6,397,655.93	11,025,031.52	4,558,850.53	6,466,180.99
Direct Medical Education (DME)	\$ 3,748,703	\$ 1,574,455	\$ 2,174,248	\$ 3,888,687	\$ 1,607,972	\$ 2,280,715
Managed Care - DME Payment	\$ 2,139,768	\$ 898,702	\$ 1,241,065	\$ 2,219,671	\$ 917,834	\$ 1,301,837
TOTAL DME	\$ 5,888,471	\$ 2,473,158	\$ 3,415,313	\$ 6,108,358	\$ 2,525,806	\$ 3,582,552
TOTAL	\$ 16,918,912			\$ 17,133,390		

	Est.s from Adjusted FY2007 base	State Share	Federal Share
Total 08	\$ 16,918,912	\$ 7,105,943	\$ 9,812,969
Total 09	\$ 17,550,698	\$ 7,257,214	\$ 10,293,484
Total 10	\$ 17,773,185	\$ 7,109,274	\$ 10,663,911
Total 11	\$ 18,436,871	\$ 7,374,748	\$ 11,062,123
Total 12	\$ 19,125,341	\$ 7,650,136	\$ 11,475,204
Total for 5 year	\$ 89,805,006	\$ 36,497,315	\$ 53,307,691

Notes:

	FY07 Match Rate	FY08 match Rate	FY09 Match Rate	FY10-11-12 Match Rate
State Match Rate	0.4163	0.4200	0.4135	0.4
Federal Match Rate	0.5837	0.5800	0.5865	0.6

July 26, 2006 Payment - St Joesph Hospital \$ 1,165,367 payment posted in FY07 that was for FY06

Source: FY08-09 Biennial Budget

	FY08	FY09	FY10-11-12
Price	1.0195	1.0190	1.0190
Eligibles	1.0180	1.0180	1.0180

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last update: 2/1/2008

Nebraska Medicaid Inpatient Hospital Expenditures for FY07
Payment dates between 7/1/2006 and 6/30/2007
Claim Type 7

PROVIDER	COUNT CLAIM NUMBER	SUM SUBMITTED AMOUNT	SUM DISALLOWED AMOUNT	SUM PD BY OTH SRCS AMT	SUM REDUCED AMOUNT	SUM NET AMOUNT	SUM OPERATING COST	SUM CAPITAL REL COST	SUM MEDICAL EDUCATION	SUM INDIRECT MED EDU	SUM NURSE ANESTH	SUM TRANSFER PAY	SUM OUTLIER PAY	FIRST PROVIDER NUMBER
10024946500	8	119,487.97	0		1,684.55	72,116.61	45,686.81	46,281.28	1,090.08	0	0	0	0	10024946500
10024961100	2	6,915.74	0		0.00	4,266.92	2,648.82	5,083.00	122.40	0	0	0	0	10024961100
10024982900	90	2,774,020.50	240,777.01	73,498.59	1,505,091.18	954,653.72	1,267,891.34	19,573.92	410.04	0	0	0	0	10024982900
10025052300	1	156,640.19	0.00		0.00	114,602.99	42,037.20	24,092.27	0.00	0	0	0	0	10025052300
10025068600	19	125,872.29	22,350.60	17,949.60	64,484.38	21,087.71	14,080.53	112.86	0	0	0	0	17,534.89	10025068600
10025073500	3	77,100.00	0.00		0.00	72,368.87	4,731.13	0.00	0	0	0	0	0	10025073500
10025102200	2	42,183.10	441.95	0	29,773.31	11,967.84	0.00	0	0	0	0	0	0	10025102200
10025104500	6	221,783.15	0	1,800.00	155,598.83	64,384.32	65,122.32	1,062.00	0	0	0	0	0	10025104500
10025131400	2	13,950.25	0	3,318.28	6,630.95	4,001.02	0.00	0.00	0	0	0	0	0	10025131400
10025135200	1	29,289.05	7,431.92	0	21,857.13	0.00	7,300.52	131.4	0	0	0	0	0	10025135200
10025136000	2	14,630.00	0.00	0	6,644.46	7,985.54	0.00	0	0	0	0	0	0	10025136000
10025144000	354	4,160,798.71	117,484.56	147,115.99	2,994,862.92	901,335.24	998,970.35	35,420.40	208.80	0	0	9,914.36	132,228.89	10025144000
10025146800	1	11,251.00	2,943.80	0.00	8,307.20	0.00	2,735.00	222.12	0	0	0	0	0.00	10025146800
10025165000	2	174,051.74	0.00	1,366.66	143,774.84	28,910.24	18,452.34	39.6	0	0	0	0	0	10025165000
10025165200	1	5,531.50	0	0.00	2,450.74	3,080.76	3,041.16	0.00	0	0	0	0	0	10025165200
10025179500	4	19,677.58	0	0	10,757.14	8,920.44	0.00	0	0	0	0	0	0	10025179500
10025230500	3	77,515.89	0	0	38,307.89	39,208.00	0	0	0	0	0	0	0	10025230500
10025234300	7	11,828.24	0	0	6,618.89	5,209.35	7,827.23	216.9	0	0	0	0	0	10025234300
10025239100	2	23,848.85	0	4,639.50	19,209.35	0.00	0.00	0	0	0	0	0	0	10025239100
10025261600	1	2,825.45	2,394.85	0.00	430.60	0	2,299.09	95.76	0	0	0	0	0	10025261600
10025296800	4	7,828.90	4,963.60	1,078.85	17.25	1,769.20	0.00	0	0	0	0	0	0	10025296800
10025325200	1	3,600.00	0.00	0.00	1,051.50	2,548.50	0	0	0	0	0	0	0	10025325200
10025325300	1	14,433.63	0	0	14,433.63	0.00	0	0	0	0	0	0	0	10025325300
10025349800	5	29,938.60	18,822.95	0	10,586.39	529.26	13,288.28	274.14	0	0	0	0	0	10025349800
10025349900	2	5,234.99	0.00	0	2,702.57	2,532.42	2,456.46	75.96	0	0	0	0	0	10025349900
10025357400	6	22,251.98	0	0	19,646.64	2,605.34	7,592.27	519.48	0	0	0	0	0	10025357400
10025367900	1	20,684.67	10,114.00	0	10,570.67	0.00	0.00	0	0	0	0	0	0	10025367900
10025373800	3	1,101,331.00	224,689.20	0	754,985.95	121,655.85	10,174.28	325.08	0	0	0	0	0	10025373800
10025385100	1	2,996.40	0.00	0	1,158.07	1,838.33	1,792.79	45.54	0	0	0	0	0	10025385100
10025388100	94	846,693.45	79,367.91	10,283.04	213,581.46	543,461.04	0.00	0	0	0	0	0	0	10025388100
10025420700	1	13,907.70	0.00	0.00	9,993.20	3,914.50	0	0	0	0	0	0	0	10025420700
10025422500	1	9,413.65	0	0	3,782.23	5,631.42	5,438.10	193.32	0	0	0	0	0	10025422500
10025445600	3	13,824.42	0	0	11,852.02	1,972.40	5,629.92	287.28	0	0	0	0	0	10025445600
10025454900	2	678,329.12	0	0	568,274.85	110,054.27	26,027.72	459.36	0	0	0	0	0	10025454900
10025460400	7	17,933.84	6,167.38	1,048.00	2,216.64	8,501.82	0.00	0	0	0	0	0	193,621.46	10025460400
10025461700	2	16,957.62	2,855.62	0.00	14,102.00	0.00	5,444.84	266.4	0	0	0	0	0	10025461700
10025473700	1	12,007.00	512.25	0	9,137.39	2,357.36	0.00	0	0	0	0	0	0	10025473700
10025477500	2	17,843.00	3,300.00	0	7,943.00	6,600.00	0	0	0	0	0	0	0	10025477500
10025499100	2	10,653.07	16,433.17	0	-5,780.10	0.00	16,294.57	138.6	0	0	0	0	0	10025499100
10025499700	9	39,304.90	0.00	0	13,240.90	26,064.00	0.00	0	0	0	0	0	0	10025499700
10025503400	3	10,874.20	0	0	8,278.20	2,596.00	4,139.20	84.24	0	0	0	0	0	10025503400
10025503600	3	2,888.13	1,238.00	0	108.79	1,541.34	0.00	0	0	0	0	0	0	10025503600
10025504800	1	14,855.28	0.00	0	9,302.84	5,552.44	0	0	0	0	0	0	0	10025504800
23730993700	1	40,105.21	12,100.58	0	28,004.63	0.00	11,744.18	356.4	0	0	0	0	0	23730993700
31083393600	1	1,788.65	0.00	0	-3,044.48	4,833.13	4,694.17	138.96	0	0	0	0	0	31083393600
31140737700	384	6,344,909.35	105,424.84	102,415.55	4,429,679.64	1,707,389.32	1,638,078.30	50,110.20	0	0	0	29,646.49	238,201.28	31140737700
31140737726	19	157,280.70	4,655.00	0.00	117,188.43	35,437.27	0.00	0.00	0	0	0	0	0.00	31140737726
31140737787	5	92,841.84	14,907.00	18,105.00	40,330.84	19,499.00	0	0	0	0	0	0	0	31140737787
33044952700	1	55,928.70	10,470.75	0.00	45,457.95	0.00	10,220.19	250.56	0	0	0	0	0	33044952700
34071435700	1	26,938.70	0.00	0	24,447.11	2,491.59	2,365.59	126	0	0	0	0	0	34071435700

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PROVIDER	COUNT CLAIM NUMBER	SUM SUBMITTED AMOUNT	SUM DISALLOWED AMOUNT	OTH SRCS AMT	SUM REDUCED AMOUNT	SUM NET AMOUNT	SUM OPERATING COST	CAPITAL REL COST	SUM MEDICAL EDUCATION	INDIRECT MED EDU	SUM NURSE ANESTH	SUM TRANSFER PAY	SUM OUTLIER PAY	FIRST PROVIDER NUMBER
47037661526	993	14,482,728.68	1,265,206.03	474,385.06	9,151,331.71	3,591,805.88	0	0	0	0	0	0	0	47037661526
47037877900	920	5,288,095.55	45,521.24	209,999.03	2,851,345.54	2,181,229.74	2,333,126.03	80,685.56	0	0	0	29,452.64	6,212.85	47037877900
47037903902	198	2,300,085.94	149,403.30	25,083.74	1,170,929.22	954,669.68	0.00	0.00	0	0	0	0	0.00	47037877926
47037975400	269	1,059,734.62	39,525.00	98,446.80	325,550.60	596,212.22	0	0	0	0	0	0	0	47037903902
47037975400	1,104	47,452,172.21	1,939,319.40	712,410.24	26,439,039.97	18,361,402.60	12,924,018.04	266,398.56	291,750	888,505.06	0	44,873.17	6,297,126.02	47037975400
47037975431	7	469,017.48	12,127.90	2,478.86	297,164.74	157,245.98	0.00	0.00	0	0	0.00	0	0.00	47037975431
47037975500	1,466	14,170,037.20	349,678.21	832,130.09	8,890,278.04	4,097,950.86	4,399,548.35	140,084.04	24,748	23,050.32	0	43,999.09	306,220.90	47037975500
47037975525	615	10,199,738.68	1,187,350.61	523,393.80	5,506,578.33	2,982,415.94	0.00	0.00	0	0	0.00	0	0.00	47037975525
47037975587	14	302,179.34	18,520.00	1,368.50	150,674.34	131,616.50	0	0	0	0	0	0	0	47037975587
47037983400	221	1,300,747.97	25,800.00	72,115.90	505,917.98	696,914.09	0	0	0	0	0	0	0	47037983400
47037983600	3,066	44,730,765.42	1,822,004.02	4,302,734.42	23,709,291.27	14,896,735.71	13,835,789.72	447,242.76	119,260	157,515.39	0	42,099.36	4,917,184.71	47037983600
47038512902	1,482	13,483,041.79	216,101.16	506,584.47	8,636,575.03	4,123,781.13	4,307,340.09	137,683.09	0	0	0.00	21,857.69	193,262.80	47038512902
47038512926	152	545,005.83	9,932.72	8,687.76	284,997.11	241,388.24	0.00	0.00	0	0	0	0	0.00	47038512926
47038512987	14	508,255.48	110,930.60	33,292.42	211,514.46	152,518.00	0	0	0	0	0	0	0	47038512987
47038801200	81	303,187.29	22,884.00	38,496.74	33,088.17	208,718.38	0	0	0	0	0	0	0	47038801200
47039317601	53	232,309.00	7,846.45	20,419.30	92,105.81	111,937.44	0	0	0	0	0	0	0	47039317601
47039578700	9	66,497.51	6,696.00	11,524.14	30,700.37	17,577.00	0	0	0	0	0	0	0	47039578700
47039579500	206	1,204,682.26	108,707.93	48,562.72	615,124.75	432,286.86	0	0	0	0	0	0	0	47039579500
47039985300	166	551,981.63	2,594.37	46,071.61	153,743.52	349,572.13	0	0	0	0	0	0	0	47039985300
47040824200	149	721,671.32	62,315.80	19,713.96	292,757.99	346,883.57	0	0	0	0	0	0	0	47040824200
47042127200	143	833,579.57	104,759.90	21,548.68	287,492.92	419,778.07	0	0	0	0	0	0	0	47042127200
47042628500	79	408,423.68	19,896.55	0.00	173,647.13	214,880.00	0	0	0	0	0	0	0	47042628500
47042653000	217	729,675.67	6,550.00	38,276.87	307,364.98	377,483.82	0	0	0	0	0	0	0	47042653000
47043959902	55	2,496,844.89	236,056.00	113,895.11	1,336,536.89	810,356.89	0	0	0	0	0	0	0	47043959902
47044363600	181	683,406.95	15,360.00	50,956.26	228,475.57	388,615.12	0	0	0	0	0	0	0	47044363600
47046185901	108	434,788.69	25,231.32	38,218.97	155,775.50	215,562.90	0	0	0	0	0	0	0	47046185901
47046391100	173	800,038.72	31,184.56	52,362.58	198,370.00	518,121.58	0	0	0	0	0	0	0	47046391100
47046603200	12	79,199.13	0.00	39,209.13	67,686.70	122,840.56	0	0	0	0	0	0	0	47046603200
47046807801	62	207,807.54	11,526.91	5,753.37	32,247.47	28,890.00	0	0	0	0	0	0	0	47046807801
47047104200	12	72,337.57	11,200.10	0.00	323,305.64	311,440.76	0	0	0	0	0	0	0	47047104200
47048162800	171	806,822.92	57,062.36	115,014.16	300,663.37	341,387.92	0	0	0	0	0	0	0	47048162800
47048223400	184	717,361.30	12,865.00	62,445.01	20,021,646.36	5,241,911.41	5,750,335.06	220,357.95	42,057	41,379.25	0	22,520.92	818,565.93	47048223400
47048476400	1,932	27,754,696.24	834,256.33	1,656,882.14	16,880.77	530,189.33	182,907.71	7,197.48	0	0	0.00	1,566.08	0.00	47048476400
47048476410	80	714,500.13	34,750.21	6,880.77	1,732,448.46	962,265.23	0.00	0.00	0	0	0	0	0.00	47048476420
47048476420	357	2,967,787.05	158,256.01	114,817.35	57,756.40	44,490.64	0	0	0	0	0	0	0	47048476420
47048527500	24	106,919.34	1,064.00	3,608.30	325,071.00	241,649.07	0	0	0	0	0	0	0	47048527500
47048602600	144	620,358.79	21,630.05	32,008.67	54,168.39	132,578.53	0	0	0	0	0	0	0	47048602600
47048783100	46	216,369.88	22,547.85	7,075.11	-836.99	0.00	0	0	0	0	0	0	0	47048783100
47049123314	1	3,465.00	2,772.00	80,639.69	1,668,532.06	3,229,424.21	0	0	0	0	0	0	0	47049123314
47049123316	509	5,144,431.44	165,835.48	80,639.69	6,243.83	23,298.20	0	0	0	0	0	0	0	47049123316
47049123323	30	32,256.57	2,130.00	584.54	70,109.86	97,069.62	0	0	0	0	0	0	0	47049123323
47049123325	20	185,991.80	15,224.69	3,587.63	302,108.30	62,378.63	0	0	0	0	0	0	0	47049123325
47049123330	38	440,904.00	75,680.07	737.00	16,530.85	23,515.06	0	0	0	0	0	0	0	47049123330
47052622400	8	51,136.85	11,011.00	79.94	110,428.71	133,712.04	0	0	0	0	0	0	0	47052622400
47052908900	78	262,351.46	11,071.70	7,139.01	12,570.52	44,183.36	0	0	0	0	0	0	0	47052908900
47053225600	18	59,703.00	0.00	2,949.12	1,966.20	80,072.32	0	0	0	0	0	0	0	47053225600
47053260500	24	97,546.20	8,100.00	7,407.68	60,438.43	134,400.00	0	0	0	0	0	0	0	47053260500
47053303200	58	221,604.94	16,549.12	10,217.39	342,914.90	723,643.31	2,937.19	93.6	0	0	0	0	0	47053303200
47053337300	205	1,175,306.32	17,296.00	91,452.11	-1,250.11	24,672.00	0.00	0	0	0	0	0	0	47053337300
47053357600	8	23,421.89	0.00	0.00	178,307.58	271,403.36	0	0	0	0	0	0	0	47053357600
47053879200	147	510,311.28	4,663.74	55,936.60	1,389,830.98	1,022,553.67	1,101,123.66	27,043.38	0	0	0	4,966.79	0	47053879200
47054204301	643	2,555,010.72	120,814.20	21,811.87	49,321.23	250,402.62	0.00	0.00	0	0	0	0	0.00	47054204301
47054409800	64	335,987.10	7,280.00	28,983.25	70,692.90	51,073.59	0	0	0	0	0	0	0	47054409800
47054731700	12	121,897.90	0.00	131.41	120,347.85	97,920.00	0	0	0	0	0	0	0	47054731700
47055114400	61	262,274.25	22,839.40	21,167.00	457,474.43	600,211.03	0	0	0	0	0	0	0	47055114400
47055756500	214	1,149,727.36	14,400.00	77,641.90	121,266.98	153,274.70	0	0	0	0	0	0	0	47055756500
47056652400	76	310,104.57	2,388.40	33,174.49	128,041.94	96,775.79	0	0	0	0	0	0	0	47056652400
47062783810	56	252,954.69	21,625.93	6,511.03	51,354.43	54,082.00	0	0	0	0	0	0	0	47062783810
47062784600	22	109,506.70	4,070.27	0.00	0.00	0	0	0	0	0	0	0	0	47062784600
47066229000	993	6,423,082.35	166,886.12	203,714.77	3,619,117.31	2,433,364.15	2,718,648.12	92,896.77	0	0	0	32,390.45	0	47066229000

01/29/2008

PROVIDER	COUNT CLAIM NUMBER	SUM SUBMITTED AMOUNT	SUM DISALLOWED AMOUNT	OTH SRCS AMT	SUM REDUCED AMOUNT	SUM NET AMOUNT	SUM OPERATING COST	CAPITAL REL COST	SUM MEDICAL EDUCATION	INDIRECT MED EDU	SUM NURSE ANESTH PAY	SUM TRANSFER PAY	SUM OUTLIER PAY	FIRST PROVIDER NUMBER
84132137301	68	6,286,964.12	218,785.46		3,284.06	4,448,752.33	1,616,142.27	390,319.78	12,890.88	0	0	9,564.84	1,326,599.31	84132137301
84132137302	7	324,136.98	0.00		0.00	255,087.96	69,049.02	57,054.70	1,274.04	0	0	0	10,720.28	84132137302
84132137303	2	359,381.94	0		0	259,544.75	99,837.19	42,042.93	576.00	0	0	0	57,218.26	84132137303
84132137310	3	350,669.86	0		0	242,852.94	107,816.92	4,734.75	173.88	0	0	0	102,908.29	84132137310
84132137320	3	202,350.55	0	1,590.50		168,364.51	32,395.54	32,994.98	801.72	0	0	0	189.34	84132137320
84132150500	1	75,211.00	0		0.00	54,772.00	20,439.00	0.00	0	0	0	0	0	84132150500
84134324200	2	54,245.11	0		0	43,668.06	10,577.05	10,382.29	194.76	0	0	0	0	84134324200
84600299500	2	58,580.18	3,013.75		0	52,552.68	3,013.75	5,915.90	111.6	0	0	0	0	84600299500
85600032100	1	1,132.75	0.00		0	455.41	677.34	520.09	157.25	0	0	0	0	85600032100
86013756700	1	7,947.10	0		0	7,947.10	0	1,731.53	70.2	0	0	0	0	86013756700
86045571300	1	9,679.90	0		0	6,423.07	3,256.83	3,194.91	61.92	0	0	0	0	86045571300
88600043600	1	20,714.20	0		0	17,116.16	3,598.04	3,474.20	123.84	0	0	0	0	88600043600
91185843302	3,461	110,109,204.35	2,440,681.02	3,317,075.70		70,210,422.00	34,141,025.63	20,339,313.18	592,639.45	1,464,029	5,812,835.12	33,506.15	10,711,555.85	91185843302
91185843326	114	1,990,818.52	64,482.64	17,638.54		1,542,951.07	365,746.27	0.00	0.00	0	0.00	0	0.00	91185843326
93038682300	1	14,728.45	0.00		0.00	10,090.31	4,638.14	4,501.70	136.44	0	0	0	0	93038682300
94285405714	2	96,449.70	0		0	87,357.30	9,092.40	17,906.88	277.92	0	0	0	0	94285405714
95222640600	1	32,369.00	5,025.89		0	27,343.11	0.00	4,893.41	132.48	0	0	0	0	95222640600
	39,902	609,680,686.51	19,372,260.38	20,749,764.91		380,676,770.00	188,881,891.22	117,264,104.55	3,539,925.74	3,611,966	10,628,154.96	0	609,982.29	39,400,444.63

- MEDICAL EDUCATION
 SELECT DISTINCT A.CLAIM_NUMBER,A.NET_AMOUNT,
 BEGINNING_SRC_DT, ENDING_SERVICE_DT -- DSSADM.MEDICAID_CLAIM
 , SUBMITTED_AMOUNT -- DSSADM.MEDICAID_CLAIM
 , DISALLOWED_AMOUNT, PD_BY_OTH_SRCS_AMT -- DSSADM.MEDICAID_CLAIM
 , REDUCED_AMOUNT, A.NET_AMOUNT -- DSSADM.MEDICAID_CLAIM
 , A.PROVIDER_NUMBER || A.PROVIDER_SFX_NBR -- DSSADM.MEDICAID_CLAIM

PROVIDER

, OPERATING_COST -- DSSADM.CLAIM
 , CAPITAL_REL_COST, MEDICAL_EDUCATION -- DSSADM.CLAIM
 , INDIRECT_MED_EDU, NURSE_ANESTH -- DSSADM.CLAIM
 , TRANSFER_PAY, OUTLIER_PAY
 , A.PROVIDER_NUMBER || A.PROVIDER_SFX_NBR
 FROM DSSADM.MEDICAID_CLAIM A, DSSADM.CLAIM B

- THIS IS THE PROGRAM THAT FINDS INPATIENT HOSPITAL PAYMENTS

WHERE A.TYPE_CODE = '07'
 -AND A.BEGINNING_SRC_DT BETWEEN '2006-07-01' AND '2007-06-30'
 -AND A.PROVIDER_NUMBER = '752583978'
 AND STATUS_DATE BETWEEN '07/01/2006' AND '06/30/2007'
 -D MEDICAL_EDUCATION > 0
 AND A.STATUS_CODE <> 'D'
 AND A.CLAIM_NUMBER= B.CLAIM_NUMBER
 ORDER BY 10
 *** END ***

Date: May 10, 2007

To: Andrea Heffelfinger
Creighton University Medical Center
601 North 30th Street
Omaha, NE 68131

From: Cec Brady 
Deputy Medicaid Administrator

By: Margaret Booth 
Medicaid Program Manager – Hospital Services

Re: Determination For Direct Medical Education Payment For Services Provided By
The Nebraska Medicaid Managed Care Program For Fiscal Year 2004

This is the determination of the direct medical education payment for services provided by the Nebraska Medicaid Managed Care Program for FY 2004. This determination was made in accordance with Nebraska Administrative Code (NAC) Title 471 10-010.03B6.

The direct medical education payment for services provided by the Nebraska Medicaid Managed Care Program is calculated as the number of discharges for FY 2004 multiplied by the direct medical education cost payment in effect for FY 2004. The data and calculation are summarized below:

Share Advantage Discharges: 1,532
FY 2002 Direct Medical Education Cost Payment: \$861

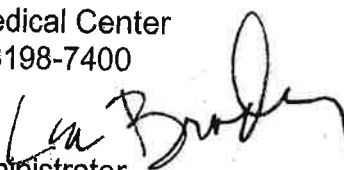
The direct medical education payment for services provided by the Nebraska Medicaid Managed Care Program for your facility for FY 2004 is \$1,319,052.00

If you have any questions regarding this determination please call Margaret Booth at 402-471-9380.

If you wish to appeal this determination you must submit a written request for a hearing to the Director of the Department within 90 days of the date of this letter. You must identify the basis of the appeal in the request (Title 471 NAC 2-003.04).

February 27, 2007

To: William S. Dinsmoor, Chief Financial Officer
Nebraska Medical Center
987400 Nebraska Medical Center
Omaha, Nebraska 68198-7400

From: Cecile Brady 
Deputy Medicaid Administrator

By: Margaret Booth 
Medicaid Program Manager – Hospital Services

RE: Medicaid Direct Medical Education for Services provided by Nebraska
Medicaid Managed Care Plan (NMMCP) for State Fiscal Year (SFY) 2006

This is the final determination of the direct medical education payment for services provided by NMMCP capitated plans. Per Title 471 Nebraska Administrative Code (NAC), payment will be the number of discharges time the direct medical education cost payment.

The direct medical education for your facility has been calculated as follows:

<u>SFY</u>	<u>Discharges</u>	<u>DME Rate</u>	<u>Payment</u>
2006	1,807	411	\$742,677

If you have any questions regarding this determination, please call Margaret Booth at 402-471-9380.

If you wish to appeal this determination you must submit a written request for a hearing to the Director of the Department within 90 days of the date of this letter, identifying the basis of the appeal (Title 471 Nebraska Administrative Code 2-003).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Payment for Outpatient Hospital and Emergency Room Services: For services provided on or after September 1, 2003, the Department pays for outpatient hospital and emergency services with a rate which is the product of -

1. Eighty-two point forty five (82.45) percent of the cost-to-charges ratio from the hospital's latest Medicare cost report (Form HCFA-2552-89, Pub. 15-II, Worksheet C); multiplied by
2. The hospital's submitted charges on Form HCFA-1450 (UB-92).

The effective date of the cost-to-charges percentage is the first day of the month following the Department's receipt of the cost report.

Providers shall bill outpatient hospital and emergency room services on Form HCFA-1450 (UB-92) in a summary bill format. Providers shall not exceed their usual and customary charges to non-Medicaid patients when billing the Department.

Exception: All outpatient clinical laboratory services must be itemized and identified with the appropriate HCPCS procedure codes. The Department pays for clinical laboratory services on the fee schedule determined by HCFA.

Payment for Outpatient Hospital and Emergency Room Services Provided by Critical Access Hospitals: Effective for cost reporting periods beginning after July 1, 1999, payment for outpatient services of a CAH is the reasonable cost of providing the services, as determined under applicable Medicare principles of reimbursement, except that the following principles do not apply: the lesser of costs or charges (LCC) rule and the reasonable compensation equivalent (RCE) limits for physician services to providers. NMAP will adjust interim payments to reflect elimination of any fee schedule methods for specific services, such as laboratory or radiology services, that were previously paid for under those methods. Payment for these and other outpatient services will be made in accordance with reasonable cost principles. Professional services must be billed by the physician or practitioner using the appropriate physician/practitioner provider number, not the facility's provider number. To avoid any interruption of payment, NMAP will retain and continue to bill under existing provider numbers until new CAH numbers are assigned.

Transmittal MS-03-06

Supersedes

Approved

DEC - 1 2003

Effective

SEP - 1

Transmittal MS-00-06

68-1803. Tax; rate; collection; report. (1) Each intermediate care facility for the mentally retarded shall pay a tax equal to a percentage of its net revenue for the most recent State of Nebraska fiscal year. The percentage shall be (a) six percent prior to January 1, 2008, (b) five and one-half percent beginning January 1, 2008, through September 30, 2011, and (c) six percent beginning October 1, 2011. (2) Taxes collected under this section shall be remitted to the State Treasurer for credit to the ICF/MR Reimbursement Protection Fund. (3) Taxes collected pursuant to this section shall be reported on a separate line on the cost report of the intermediate care facility for the mentally retarded, regardless of how such costs are reported on any other cost report or income statement. The department shall recognize such tax as an allowable cost within the state plan for reimbursement of intermediate care facilities for the mentally retarded which participate in the medical assistance program. The tax shall be a direct pass-through and shall not be subject to cost limitations.

Source: Laws 2004, LB 841, § 4; ; Laws 2006, LB 1248, § 73; ; Laws 2007, LB292, § 2.; Effective date September 1, 2007

Estimated Impact of ICF/MR Provider Tax Rate Change

tax rate	SFY 2005 6%	SFY 2006 6%	SFY 2007 6%	SFY 2008 6% & 5.5%	SFY 2009 5.5%	SFY 2010 5.5%	SFY 2011 5.5%
<u>tax & misc revenue</u>							
BSDC tax payments	\$2,326,302	\$2,520,437	\$2,572,161	\$2,563,586	\$2,563,586	\$2,601,461	\$2,679,505
Mosaic tax payments	1,031,396	1,125,261	1,152,900	1,160,106	1,160,106	1,177,245	1,212,562
interest	<u>7,039</u>	<u>44,330</u>	<u>53,664</u>	<u>51,428</u>	<u>51,428</u>	<u>50,668</u>	<u>52,188</u>
total	\$3,364,738	\$3,690,028	\$3,778,725	\$3,775,120	\$3,775,120	\$3,829,373	\$3,944,254
<u>tax disbursement</u>							
administrative expenses	\$55,000	\$55,000	\$55,000	\$55,000	\$55,000	\$55,000	\$55,000
tax expense reimbursement	1,351,167	1,469,947	1,581,037	1,544,141	1,544,141	1,571,386	1,627,528
private ICF/MR rate enhancement	300,000	300,000	300,000	300,000	300,000	300,000	300,000
community-based DD waiting list	312,000	312,000	312,000	312,000	312,000	312,000	312,000
balance to state general fund	<u>\$1,346,571</u>	<u>\$1,553,081</u>	<u>\$1,530,688</u>	<u>\$1,563,979</u>	<u>\$1,563,979</u>	<u>\$1,590,987</u>	<u>\$1,649,726</u>
total	\$3,364,738	\$3,690,028	\$3,778,725	\$3,775,120	\$3,775,120	\$3,829,373	\$3,944,254
estimated GF balance at 6% tax rate				\$1,647,934	\$1,706,772	\$1,768,986	\$1,833,065
estimated GF balance at 5.5% tax rate				<u>\$1,563,979</u>	<u>1,533,958</u>	<u>1,590,987</u>	<u>1,649,726</u>
GF loss				\$83,955	\$172,814	\$177,999	\$183,339

tax rate applied to net revenue of preceding SFY

maximum allowable tax rate reduced to 5.5% January 1, 2008 through September 30, 2011

constant medicaid match rate assumed for projected years

3% facility revenue growth assumed for projected years

MENTAL HEALTH REHAB OPTION CODES AND RATES

Effective July 1, 2007

Code	Name of Service	Unit	7-07 Rate	Billing Notes
H2016 HE	Community Support-Psych	Month	\$265.47	Must use HE modifier
H0040	Assertive Community Treatment	Day	\$41.92	
H2017	Half-day Day Rehab	15 min.	\$2.14	Must bill 12 units (3 hours)
H2018	Full-day Day Rehab	Day	\$51.23	
H2018 TG	Residential Rehab	Day	\$104.79	Must use TG modifier

PAID View (June Update)

I:\FAPA\Karen B\MRO Sue Adams as of 061507.xls\MRO Summ June

PAID View (June Update)

PAID View (June Update)				H0040 Assert Comm Tx Pgm Per Diem	H2016 Comp Comm Supp Svc, Per Diem HE	H2017 Psysoc Rehab Svc, Per 15 Min	H2018 Psysoc Rehab Svc, Per Diem HK	TG			
Provider	Region	Claim	Provider ID and Name	Net Payment Detail NE	Net Payment Detail NE	Net Payment Detail NE	Net Payment Detail NE	Net Payment Detail NE	Net Payment Detail NE	Net Payment Detail NE	Total by Provider
Region 5		47052851594	BLUE VALLEY MH-YORK-REHAB	\$0.00	\$8,250.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,250.60
Region 5		47052851595	BLUE VALLEY MH-TECUMSEH-REHAB	\$0.00	\$260.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$260.65
Region 5		47052851596	BLUE VALLEY MH-WAHOO-REHAB	\$0.00	\$7,004.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,004.75
Region 5		47055070280	CENTERPOINTE INC-COMM SUPPORT	\$0.00	\$229,567.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$229,567.85
Region 5		47055070281	CENTERPOINTE INC-DAY REHAB	\$0.00	\$0.00	\$0.00	\$9,952.88	\$0.00	\$0.00	\$54,932.32	\$64,885.20
Region 5		47600648280	COMMUNITY MH CENTER-COMM SUPPO	\$0.00	\$1,200,077.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,199,288.71
Region 5		47600648281	COMMUNITY MH CENTER-DAY REHAB	\$0.00	\$0.00	\$0.00	\$65,442.03	\$0.00	\$0.00	\$336,527.99	\$401,970.02
Region 5		47600648282	COMMUNITY MH CTR-RES REHAB	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$426,599.96	\$0.00	\$426,599.96
Region 6		10025104900	COMMUNITY ALLIANCE REHAB SVCS-	\$1,084,784.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,084,784.29
Region 6		10025213800	COMMUNITY ALLIANCE REHAB SVCS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$283,351.95	\$0.00	\$283,351.95
Region 6		10025260300	COMMUNITY ALLIANCE REHAB SVCS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$297,500.51	\$0.00	\$297,500.51
Region 6		10025278200	LUTHERAN FAMILY SVCS OF NE-COM	\$0.00	\$110,657.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$110,657.95
Region 6		10025304900	TELECARE REGION SIX REC CTR	\$0.00	\$0.00	\$0.00	\$0.00	\$611,076.00	\$0.00	\$0.00	\$611,076.00
Region 6		10025315800	CATHOLIC CHARITIES-CSW-OMAHA	\$0.00	\$10,604.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,604.65
Region 6		10025415400	RECOVERY CENTER AT SARPY	\$0.00	\$0.00	\$0.00	\$0.00	\$196,718.27	\$0.00	\$0.00	\$196,718.27
Region 6		10025483500	COMMUNITY ALLIANCE REHAB SVCS	\$0.00	\$0.00	\$0.00	\$27,396.60	\$0.00	\$0.00	\$100,068.10	\$127,464.70
Region 6		36216791080	SALVATION ARMY,THE-COMM SUPPOR	\$0.00	\$84,855.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$84,855.35
Region 6		47063036580	FRIENDSHIP PROGRAM-COMM SUPPOR	\$0.00	\$232,173.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$232,173.66
Region 6		47063036581	FRIENDSHIP PROGRAM INC-DAY REH	\$0.00	\$0.00	\$0.00	\$5,649.77	\$0.00	\$0.00	\$678,629.66	\$685,279.43
Region 6		47075697011	COMMUNITY ALLIANCE REHAB SVC-R	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$898,771.34	\$0.00	\$898,771.34
Region 6		47075697012	COMMUNITY ALLIANCE REHAB SVC-R	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$974,439.20	\$0.00	\$974,439.20
Region 6		47075697015	COMMUNITY ALLIANCE REHAB SVCS-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$465,905.56	\$0.00	\$465,905.56
Region 6		47075697016	COMMUNITY ALLIANCE REHAB SVCS-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$198,334.78	\$0.00	\$198,334.78
Region 6		47075697017	COMMUNITY ALLIANCE REHAB SVCS-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$260,451.18	\$0.00	\$260,451.18
Region 6		47075697018	COMMUNITY ALLIANCE REHAB SVCS-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$252,629.09	\$0.00	\$252,629.09
Region 6		47075697019	COMMUNITY ALLIANCE REHAB SVCS-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$195,017.96	\$0.00	\$195,017.96
Region 6		47075697031	COMMUNITY ALLIANCE REHAV SVCS-	\$0.00	\$0.00	\$0.00	\$123,223.71	\$0.00	\$0.00	\$224,696.68	\$347,920.39
Region 6		47075697034	COMMUNITY ALLIANCE-DAY REHAB	\$0.00	\$0.00	\$0.00	\$80,527.46	\$0.00	\$0.00	\$312,066.92	\$392,594.38
Region 6		47075697036	COMMUNITY ALLIANCE REHAB	\$0.00	\$0.00	\$0.00	-\$901.32	\$0.00	\$0.00	-\$1,900.08	-\$2,801.40
Region 6		47075697037	COMMUNITY ALLIANCE REHAB	\$0.00	\$0.00	\$0.00	\$151.20	\$0.00	\$0.00	\$298.19	\$449.39
Region 6		47075697080	COMMUNITY ALLIANCE REHAB SVCS	\$0.00	\$553,020.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$552,796.63
TOTAL				\$2,076,679.37	\$4,351,259.73	\$252.45	\$550,791.68	\$807,794.27	\$5,250,490.77	\$3,758,930.83	\$16,796,199.10

Nebraska Medicaid Expenditures by Service date
for Medicaid Rehab Option (MRO) , Substance Abuse, Inpatient Psych, Clinic and Drug Categories
 Claims Paid as of June 2007

All Categories are Age greater than 20 years old

	Medicaid Rehab Option	Substance Abuse	Inpatient Psych	Clinic (excludes MRO)**	Drugs* (Medicaid Recipients*** Only)
FY04	\$ 11,663,436	\$ -	\$ 5,629,932	\$ 8,870,563	\$ 22,875,389
FY05	\$ 12,764,060	\$ 307,325	\$ 5,354,215	\$ 10,324,709	\$ 25,600,955
FY06	\$ 14,327,754	\$ 2,144,027	\$ 5,406,513	\$ 12,764,084	\$ 28,294,036
FY07 - YTD annualized	\$ 15,609,394	\$ 2,518,332	\$ 5,102,585	\$ 13,442,175	\$ 31,046,955

* Drugs category include Risperdal Consta from Practitioner Claims, FY06 includes 6 months of Medicare Part D impact

** Clinic total excludes Risperdal Consta from Practitioner Claims

***Medicaid Payments excluding Medicare eligible recipients

Subset FFS Medicaid
 Provider Specialty Rehab Providers (MRO) (DPI)
 Time Period FY 2007

			Patients								
			H0040	H2016		H2017	H2018		H2017	H2018	
			Assert	Comp		Psysoc	Psysoc		Rehab Svc,	Rehab	
			Comm	Comm		Rehab Svc,	Rehab		Per 15 Min	Svc,	
Provider Region Claim	Provider ID and Name		Tx Pgm	Supp Svc,	HF	~	HK	TG	~		
			~	HE	HF	~	HK	TG	~		
Region 1	47048223426	WESTERN COMM HLTH RESOURCES	0	19	0	0	0	0	0	0	0
	47051963380	PANHANDLE MH CTR-COMM SUPPORT	0	58	1	17	0	0	0	0	0
	47067536080	CIRRUS HOUSE INC-COMM SUPPORT	0	38	0	0	0	0	0	0	0
	47067536081	CIRRUS HOUSE INC-DAY REHAB	0	0	0	0	73	0	0	0	71
Region 2	47077863980	RAINBOW CENTER INC-COMM SUPP	0	30	0	0	0	0	0	0	1
	47061053280	REGION II HUMAN SVCS-COMM SUPP	0	115	0	0	0	0	0	0	0
	47061053281	REGION II HUMAN SVCS (FRONTIER	0	0	0	0	52	0	0	0	52
	47061053283	REGION II HUMAN SVCS-HEARTLAND	0	0	0	0	17	0	0	0	17
	47061053284	REGION II HUMAN SVCS-COMM SUPP	0	52	0	0	0	0	0	0	0
	47061053285	REGION II HUMAN SVCS-COMM SUPP	0	2	0	0	0	0	0	0	0
	47061053286	REGION II HUMAN SVCS-COMM SUPP	0	22	0	0	0	0	0	0	0
	77003754226	HOTEL PAWNEE	0	29	0	2	0	0	0	0	0
Region 3	10025105000	HASTINGS REGIONAL CENTER-ACT	58	0	0	0	0	0	0	0	0
	10025264300	SOUTH CENTRAL BEHAVIORAL SVCS-	0	0	0	0	17	0	0	0	16
	47052283680	CENTRAL NE GOODWILL IND INC-CO	0	117	0	2	0	0	0	0	1
	47052283681	CENTRAL NE GOODWILL-DAY REHAB	0	0	0	0	45	0	0	0	71
	47064522980	SOUTH CENTRAL BEHAV SVCS-COMM	0	141	0	0	0	0	0	0	0
	47064522981	SOUTH CENTRAL BEHAVIORAL SVCS-	0	0	0	0	83	0	0	0	87
	47064522982	SOUTH CENT BEHAV SVCS-RES REHA	0	0	0	0	0	0	17	0	0
	10025012400	HEARTLAND COUNSELING SERVICES-	0	0	0	0	7	0	0	0	11
Region 4	10025277800	BEHAVIORAL HLTH SPEC-COMM SUPP	0	50	0	27	0	0	0	0	0
	10025312200	WOMENS EMPOWERING LIFE LINE IN	0	9	0	0	0	0	0	0	0
	10025314700	CATHOLIC CHARITIES-RES REHAB	0	0	0	0	0	0	7	0	0
	10025315600	CATHOLIC CHARITIES-CSW	0	11	0	0	0	0	0	0	0
	47069218580	LIBERTY CENTRE SVCS INC-COMM S	0	105	0	0	0	0	0	0	0
	47069218581	LIBERTY CENTRE SVCS INC-DAY RE	0	0	0	0	103	0	0	0	104
	47069218582	LIBERTY CENTRE SVCS INC PARK P	0	0	0	0	0	0	12	0	0
	47074699080	JOB SITE,THE-COMM SUPPORT	0	41	0	0	0	0	0	0	0
	47074699081	JOB SITE,THE-DAY REHAB	0	0	0	0	16	0	0	0	28
	47074699082	KIRKWOOD HOUSE-RES REHAB	0	0	0	0	0	0	18	0	0
	47076376980	HEARTLAND COUNSELING SVCS INC	0	41	0	0	0	0	0	0	0
	47076376981	HEARTLAND COUNSELING SVCS-SATE	0	43	0	26	0	0	0	0	0
	47077863981	RAINBOW CENTER INC-DAY REHAB	0	1	0	0	16	0	0	0	32

Region 5	10025369900	PIER	35	0	0	0	0	0	0	0	0
	10025382100	ST MONICAS - COMM SUP	0	4	0	0	0	0	0	0	0
	47052851580	BLUE VALLEY MH CTR-COMM SUPPOR	0	12	0	0	0	0	0	0	0
	47052851584	BLUE VALLEY MH-AUBURN-COM SPT	0	3	0	0	0	0	0	0	0
	47052851585	BLUE VALLEY MH-CRETE-REHAB	0	1	0	0	0	0	0	0	0
	47052851586	BLUE VALLEY MH-DAVID CITY-REHA	0	3	0	0	0	0	0	0	0
	47052851587	BLUE VALLEY MH-FAIRBURY-REHAB	0	5	0	0	0	0	0	0	0
	47052851588	BLUE VALLEY MH-FALLS CITY-REHA	0	10	0	0	0	0	0	0	0
	47052851589	BLUE VALLEY MH-GENEVA-REHAB	0	9	0	0	0	0	0	0	0
	47052851590	BLUE VALLEY MH-HEBRON-REHAB	0	5	0	0	0	0	0	0	0
	47052851591	BLUE VALLEY MH-NE CITY-REHAB	0	11	0	0	0	0	0	0	0
	47052851593	BLUE VALLEY MH-SEWARD-REHAB	0	5	0	0	0	0	0	0	0
	47052851594	BLUE VALLEY MH-YORK-REHAB	0	7	0	0	0	0	0	0	0
	47052851595	BLUE VALLEY MH-TECUMSEH-REHAB	0	1	0	0	0	0	0	0	0
	47052851596	BLUE VALLEY MH-WAHOO-REHAB	0	4	0	0	0	0	0	0	0
	47055070280	CENTERPOINTE INC-COMM SUPPORT	0	105	6	0	0	0	0	0	1
	47055070281	CENTERPOINTE INC-DAY REHAB	0	1	0	0	25	0	0	0	28
	47600648280	COMMUNITY MH CENTER-COMM SUPPO	0	460	0	0	0	0	0	0	0
	47600648281	COMMUNITY MH CENTER-DAY REHAB	0	0	0	0	78	0	0	0	85
	47600648282	COMMUNITY MH CTR-RES REHAB	0	0	0	0	0	0	23	0	0
Region 6	10025104900	COMMUNITY ALLIANCE REHAB SVCS-	98	0	0	0	0	0	0	0	0
	10025213800	COMMUNITY ALLIANCE REHAB SVCS	0	0	0	0	0	0	17	0	0
	10025260300	COMMUNITY ALLIANCE REHAB SVCS	0	0	0	0	0	0	10	0	0
	10025278200	LUTHERAN FAMILY SVCS OF NE-COM	0	60	0	1	0	0	0	0	0
	10025304900	TELECARE REGION SIX REC CTR	0	0	0	0	0	44	0	0	1
	10025315800	CATHOLIC CHARITIES-CSW-OMAHA	0	13	0	0	0	0	0	0	0
	10025415400	RECOVERY CENTER AT SARPY	0	0	0	0	0	20	0	0	0
	10025483500	COMMUNITY ALLIANCE REHAB SVCS	0	0	0	0	128	0	0	0	118
	36216791080	SALVATION ARMY,THE-COMM SUPPOR	0	40	0	0	0	0	0	0	1
	47063036580	FRIENDSHIP PROGRAM-COMM SUPPOR	0	118	0	0	0	0	0	0	2
	47063036581	FRIENDSHIP PROGRAM INC-DAY REH	0	1	0	1	79	0	0	0	182
	47075697011	COMMUNITY ALLIANCE REHAB SVC-R	0	0	0	0	0	0	35	0	0
	47075697012	COMMUNITY ALLIANCE REHAB SVC-R	0	0	0	0	0	0	37	0	0
	47075697015	COMMUNITY ALLIANCE REHAB SVCS-	0	0	0	0	0	0	28	0	0
	47075697016	COMMUNITY ALLIANCE REHAB SVCS-	0	0	0	0	0	0	11	0	0
	47075697017	COMMUNITY ALLIANCE REHAB SVCS-	0	0	0	0	0	0	8	0	0
	47075697018	COMMUNITY ALLIANCE REHAB SVCS-	0	0	0	0	0	0	9	0	0
	47075697019	COMMUNITY ALLIANCE REHAB SVCS-	0	0	0	0	0	0	15	0	0
	47075697031	COMMUNITY ALLIANCE REHAV SVCS-	0	0	0	0	189	0	0	0	174
	47075697034	COMMUNITY ALLIANCE-DAY REHAB	0	0	0	0	168	0	0	0	169
	47075697036	COMMUNITY ALLIANCE REHAB	0	0	0	0	1	0	0	0	1
	47075697037	COMMUNITY ALLIANCE REHAB	0	0	0	0	2	0	0	0	3
	47075697080	COMMUNITY ALLIANCE REHAB SVCS	0	243	0	0	0	0	0	0	0
			191	2,045	7	76	1,099	64	247	1,256	